MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 599 477

FILING DATE

APPLICANT(S

| CLAIMS | CLAIMS | | | | | |
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| TOTAL DEP. | 12. | | | 4 | | <u> </u> | | TOTAL | 4 | _ - | | _ | | , |
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| CLAIMS | 14 | | | | | | | TOTAL CLAIMS | 1 | | 37 | | | |
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PTO - 1360 (REV. 11/04)

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